Department of Workforce Development Unemployment Insurance P.O. Box 7942 Madison, WI 53707-7942

EMPLOYER POWER OF ATTORNEY ASSIGNMENT

Be Aware That:		
		(the employer), UI Account No.
having its main office lo	cated at	(2)
	appoin	(Street Address, City, State & Zip Code)
(Telephone Number (Include	Area Code))	(Name of Representing Company)
located at		(Street Address, City, State & Zip Code)
		(Street Address, City, State & Zip Code)
(Telephone Number (Include A	Area Code))	
Unemployment Insuran	ce. This represent	lower to represent the employer before the Wisconsin Division of tation applies to all matters affecting unemployment insurance fit claims, contributions, refunds, experience rating, hearings and
		e Wisconsin Division of Unemployment Insurance maintains oups which include, although are not limited to:
Group I	UCB-16	Separation Notice
	UCB-23	Eligibility Report
	UCB-20	Initial Determination
Group II	UCT-14384-1-E	Unemployment Insurance Benefit Charges and Adjustments
Group III	UCB-719	Urgent Request for Wages
	UCB-701	Computation of Unemployment Insurance Benefits
	UCB-708 UCT-101	Notice of Changed Liability for UI Benefits
	UCT101A	Quarterly Contribution Report Quarterly Contribution/Wage Report
	UCT-14384-E	Unemployment Insurance Reserve Fund Balance Statement
	UCT-7823	Quarterly Wage Reports
The employer authorizes Groups(s)		to be mailed to the named attorney's (List Group Number(s))
above listed address ar main office.	nd the remaining G	to be mailed to its (employer's) (List Group Number(s))
This assignment takes	effect on	and takes place of all previous assignments.
By the signatures below	v, the employer kn	own as ,
approves the above dir	ections and volunta	arily enters into this assignment on (Date - mm/dd/yy)
Emp	loyer Name:	
		(Date Signed - mm/dd/yy)
		(Date Signed - mm/dd/yy)
W		(Date Signed - mm/dd/yy)
		(Date Signed - mm/dd/yy)